



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 27, 2023

Ms. Cassie Lambert, Manager  
Gazebo Senior Living-Gazebo North  
1530 Williston Road  
South Burlington, VT 05403-6422

Dear Ms. Lambert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 17, 2023**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0148</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GAZEBO SENIOR LIVING-GAZEBO NORTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1530 WILLISTON ROAD SOUTH BURLINGTON, VT 05403</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  The Division of Licensing and Protection conducted an unannounced onsite investigation of one complaint and a re-licensure survey on 7/17/23. The following regulatory violation was cited as a result of the re-licensure survey. There were no findings related to the complaint.	R100		
R179 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <p>(1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced</p>	R179	<p>Plan of Correction</p> <p>5.11.b</p> <ul style="list-style-type: none"> <li>• RN to conduct Resident Emergency Response Procedure training for direct care staff. Training will be completed for direct care staff by 8/1/23.</li> <li>• The mandatory education program has been reviewed by Nurse Administrator and scheduled for the calendar year to ensure all required trainings are included. After each training session, any employee who did not complete required training will be notified and required to complete training within 30 days. This training program will take effect 8/1/23.</li> <li>• Mandatory education will continue to be provided during orientation for new employees.</li> <li>• Education will be reviewed by Risk Committee every 3 months to ensure compliance with education program.</li> </ul>	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Chamber RN nurse administrator*

*7/27/23*

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>by: Based on staff interview and record review, the facility failed to ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. Findings include:</p> <p>Per review of staff inservices on 7/17/23, there is no evidence that staff received the required training regarding resident emergency response procedures. This was confirmed by the facility Chief Operating Officer on 7/17/23 at 12:32 PM..</p>	R179	<p>Tag R179 Accepted on 7/27/2023 R. Tremblay</p>	
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